Medicare Limited Income NET Program
Administered By Humana
P.O. Box 14310
Lexington, KY 40512-4310

PRESCRIPTION DRUG CLAIM FORM

CLAIM FORM INSTRUCTIONS

Part 1: Member Information (To be completed by member)

1. Complete all information under Part 1. Missing or incomplete information may result in a delay or denial of your request.
2. For questions or concerns, please contact customer service at [1-800-783-1307].
3. Please submit a separate form for each and pharmacy from which you purchase medications.

Part 2: Receipt Information

1. Include all original pharmacy receipt(s). Tape receipts to a separate page and submit with claim form.
2. Receipt(s) must contain the information outlined under Part 2. If your receipt(s) are missing any of this information, have your pharmacist fill in the missing information under Part 2.
3. For multiple claims, please submit a separate page 2 for each medication.

Part 3: Pharmacy Information (To be completed by pharmacy)

1. If additional information is entered under Part 2, ask your pharmacist to complete Part 3 of the claim form.
2. Remember to keep a copy of the completed claim form and receipt(s) for your records.
3. Mail the completed form and receipt(s) to: **[Humana Inc.]**
   [P.O. Box 14310]
   [Lexington, KY 40512-4310]

PART 1: MEMBER INFORMATION

Medicare ID Number

Medicaid ID Number

Member Last Name

First Name

MI

Humana ID Number -

Date of Birth (mm/dd/yyyy) / /

Gender ☐ Male ☐ Female

Member Street Address

City

State

Zip Code

Member Signature

X

Date / /

Member Telephone ( ) -

Description of issue:	
	☐ Paid for medications before I had Medicare coverage for prescriptions
	☐ Pharmacy will not accept my Limited Income NET plan
	☐ Pharmacy was unable to process my claim electronically
	☐ I was charged for medications received during an Emergency Room visit
	☐ I have primary drug coverage with a plan other than Limited Income NET plan (Coordination of Benefits)
	☐ I filled my medication during an emergency
	☐ I believe the claim was paid incorrectly
	☐ I was administered a Part D covered vaccine in my doctor's office
	☐ Pharmacy is unfamiliar with the Limited Income NET process

Please explain the issue:

Medicare ID Number

Medicare Limited Income NET Program
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PRESCRIPTION DRUG CLAIM FORM

PHARMACY INSTRUCTIONS

1. If the member's receipt(s) do not contain all of the information outlined under Part 2, please provide the missing information. For multiple claims, please submit a separate page 2 for each medication.
2. Complete all information under Part 3. An incomplete form may delay reimbursement.
3. Once all sections have been filled in, please sign and date. Your signature attests that all information is accurately represented by the completed form and accompanying receipts.

PART 2: RECEIPT INFORMATION

Date Filled ☐☐ / ☐☐ / ☐☐☐☐

Medication name

Rx Number

Medication Strength

Dosage Form

Quantity

Days Supply

National Drug Code ☐☐☐☐☐ - ☐☐☐☐ - ☐☐

Rx Price (including tax) ☐ , ☐☐☐ . ☐☐

Controlled Substance? ☐ Yes ☐ No

Doctor Name

DEA#

Compound? ☐ Yes ☐ No (If yes, please identify NDC ingredients & quantity amounts)

NDC - Ingredient 1

Quantity

NDC - Ingredient 2

Quantity

NDC - Ingredient 3

Quantity

NDC - Ingredient 4

Quantity

NDC - Ingredient 5

Quantity

DAW
☐ 0 - Not applicable
☐ 1 - Doctor mandates that brand product be dispensed
☐ 2 - Patient mandates the brand product be dispensed
☐ 5 - Brand submitted as generic
☐ 7 - Brand mandated by state law

PART 3: PHARMACY INFORMATION

Pharmacy Name

NABP Number

National Provider Identifier

Pharmacy Street Address

City

State

Zip Code

Pharmacy Telephone (☐☐☐) ☐☐☐ - ☐☐☐☐

Pharmacist's Signature (Required)

X _____

Pharmacist's Signature Date ☐☐ / ☐☐ / ☐☐☐☐

Medicare ID Number ☐☐☐☐☐☐☐☐☐☐☐☐

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Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

IMPORTANT CLAIM NOTICE

Alaska Residents: A person who knowingly and with intent to injure, defraud or deceive an insurance company or files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona Residents: For your protection, Arizona law requires the following statement to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

California Residents: For your protection. California law requires the following to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company, Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agency.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland Residents: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey Residents: Any person who knowingly files a statement of a claim containing any false or misleading information is subject to criminal and civil penalties.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed $5000 and the stated value of the claim for each such violation.

Oregon Residents: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

Pennsylvania Residents: Any person who, knowingly and with intent to defraud any insurance company or other person, files and application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim-containing a false or deceptive statement may have violated state law.

Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.